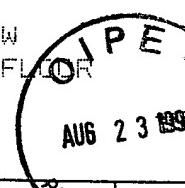


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HM22/0521

JEFFREY J. KING
TOWNSEND AND TOWNSEN AND CREW
TWO EMBARCADERO CENTER 8TH FLOOR
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Kim M Goplen
Kim M Goplen

(Depositor's name)

(Signature)

(Date)

8-20-99

APPLICATION NO.	FILING DATE	TOTAL CLAIMS	EXAMINER AND GROUP ART UNIT	DATE MAILED
08/892,403	07/15/97	016	B. BRUMBACK	1643
First Named Applicant		35 USC 154 (b) term ext. = 0 Days.		
MURPHY,				

TITLE OF INVENTION PRODUCTION OF ATTENUATED RESPIRATORY SYNCYTIAL VIRUS VACCINES FROM CLONED NUCLEOTIDE SEQUENCES

ATTY'S DOCKET NO.	CLASS-SUBCLASS	BATCH NO.	APPLN. TYPE	SMALL ENTITY	FEES DUE	DATE DUE
1 17634-000510	424-199.100	T34	UTILITY	NO	\$1210.00	08/23/99

1. Change of correspondence address or indication of "Fee Address" (37 CFR 1.363). Use of PTO form(s) and Customer Number are recommended, but not required.

2. For printing on the patent front page, list (1) the names of up to 3 registered patent attorneys or agents OR, alternatively, (2) the name of a single firm (having as a member a registered attorney or agent) and the names of up to 2 registered patent attorneys or agents. If no name is listed, no name will be printed.

1 Townsend and Townsend
and Crew

2 _____

3 _____

3. ASSIGNEE NAME AND RESIDENCE DATA TO BE PRINTED ON THE PATENT (print or type)
PLEASE NOTE: Unless an assignee is identified below, no assignee data will appear on the patent. Inclusion of assignee data is only appropriate when an assignment has been previously submitted to the PTO or is being submitted under separate cover. Completion of this form is NOT a substitute for filing an assignment.

THE GOVERNMENT OF THE UNITED STATES

(A) NAME OF ASSIGNEE OF AMERICA, as represented by the
Department of Health and Human Services

(B) RESIDENCE: (CITY & STATE OR COUNTRY)

Rockville, Maryland

Please check the appropriate assignee category indicated below (will not be printed on the patent)

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4a. The following fees are enclosed (make check payable to Commissioner of Patents and Trademarks):

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The COMMISSIONER OF PATENTS AND TRADEMARKS IS requested to apply the Issue Fee to the application identified above.

(Authorized Signature)

Brian W. Poor Reg. No. 32, 928 (Date)
20 August 1999

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08/24/1999 NIASSANI 00000090 201430 08892403
01 ED:142 1210.00 CH
02 FC:561 30.00 CH

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APPLICATION NUMBER: 8/892403

Total Fee Calculation

Fee Code	Total # Claims	Number Extra X	Fee	Fee =	Total
				Sm./Lg.	
Basic Filing Fee	<u>201/101</u>				<u>770</u>
Total Claims >20	<u>203/103</u>	<u>78</u> -20 = <u>58</u>	x		<u>1276</u>
Independent Claims >3	<u>202/102</u>	<u>7</u> -3 = <u>4</u>	x		<u>320</u>
Mult. Dep. Claim Present	<u>204/104</u>				<u>260</u>
Surcharge	<u>205/105</u>				<u>130</u>
English Translation	<u>139</u>				
TOTAL FEE CALCULATION					<u>2756</u>

Fees due upon filing the application:

Total Filing Fees Due = \$ 2756

Less Filing Fees Submitted - \$ 0

BALANCE DUE = \$ 2756

Office of Initial Patent Examination